
Sex and Breastfeeding: An Educational Perspective

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Abstract

Expectant and new parents have many concerns regarding the relationship between sexuality and breastfeeding. How is a new mother's libido affected by breastfeeding? Why do some women get sexually excited when breastfeeding? Is this frequent or normal? How does the partner feel about breasts full of milk? Why do breasts leak during a woman's orgasm? Perinatal educators are in a privileged position to reassure these parents about this relationship while promoting the breastfeeding bond between the mother and child and the intimacy bond between the parents.

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The goal of this continuing education module is to encourage programs of perinatal education to expand their content to include demystifying the subject of sex and breastfeeding since it is still considered taboo by many to think of the two together. The issues are based on common concerns and worries expressed by expectant and new parents attending perinatal education classes. Thus, the subject should be addressed in our perinatal education programs.

Background

Four major conclusions can be drawn from a review of the anatomy of the breast and the physiology of breastfeeding (Lawrence, 1989; Mohrbacher & Stock, 1992; Riodan & Auerbach; Nichols & Zwelling, 1997; Visness & Kennedy, 1997):

1. The mother must be well informed if she is to use breastfeeding as a method of contraception (Hennel, 1992; Lethbridge, 1989). Physiologically, the uterus of the breastfeeding mother returns to its original size faster after both a vaginal and Cesarean birth because this organ contracts during breastfeeding due to the increased presence of oxytocin. The return of the menses is usually delayed in the exclusively breastfeeding mother although ovulation may not be necessarily suppressed. Moreover, a multipara may have increased after-pains if she is breastfeeding.
2. When a woman is lactating, there is little or no vaginal lubrication when she becomes sexually excited.
3. When a woman is lactating, she may have a milk ejection reflex when she experiences orgasm. This response depends on the timing of the sexual encounter, the mother's breastfeeding experience, and the age of the baby.
4. The nipples of a lactating woman may be sensitive during the act of breastfeeding, yet touching or stimulating the breasts by her partner may not necessarily evoke the usual sexual desire or a sexual response. Thus, during lactation, the breasts may not be a primary site of sexual response.

Prolactin and Oxytocin

After birth, estrogen and progesterone levels decrease while prolactin and oxytocin levels increase (Brewster, 1979). Prolactin, which is secreted by the anterior pituitary, stimulates the breasts to produce milk. The prolactin level is very high in the early postpartum period in order to stimulate initial milk production. It drops to "two or three times the usual level at 2 or 4 weeks postpartum, increasing again tenfold in response to suckling" (Lauwers & Woessner, 1983, p.82). Psychologically, prolactin induces maternal behavior: A lactating mother experiences a form of psychological tension, which can best be described as a feeling or need of always wanting to see and hold her baby (Brewster, 1979).

Oxytocin, which is secreted by the posterior pituitary, has two major functions in relation to breastfeeding: a) a new mother feels her uterus contract during breastfeeding, and b) it is responsible for the milk ejection reflex

during breastfeeding and orgasm. Oxytocin has the opposite psychological impact as prolactin does: It calms the physiological tension induced by prolactin. Consequently, while breastfeeding, the mother will experience a sense of well-being and contentment. The consequences of these hormones are that each time a woman breastfeeds, she derives great pleasure from the experience and contact with her baby (Brewster, 1979). As a result, all or a very great part of her needs for affection are met through breastfeeding even if she is only partially breastfeeding. This is healthy and normal. However, one result is that the breastfeeding woman will likely have a decreased need to seek out her partner for pleasure and affection.

Ganem (1992) describes this as a type of affection anesthesia. The breastfeeding mother should be aware of the effects of these hormones, so she can be helped to simultaneously maintain her bond of affection with her partner while bonding with her baby. Otherwise, the primary partner may feel excluded to the point of seeking another partner (Ganem, 1992).

Another important consequence of lactation is the lack of vaginal lubrication when the breastfeeding mother becomes sexually excited. Vaginal dryness may cause pain when sexual intercourse is attempted. This situation is easily resolved by using a sterile water-based lubricating gel like K-Y Jelly. This is spread on the vulva and into the vagina. The partner can also spread some on his genital area before penetration. This facilitates not only sexual penetration but also mutual caressing. If couples use saliva and vaginal secretions for this purpose, quantities may not be sufficient and lubrication not effective, resulting in pain.

Sexual Arousal During Breastfeeding

One issue rarely mentioned is that the breastfeeding experience is very sensuous in itself and some mothers may become aroused during breastfeeding (Hotchner, 1979; Lawrence, 1989; Mueller, 1985; Reamy & White, 1987). This is a normal phenomenon. Yet, mothers may feel guilty if they have these feelings. Consequently, some may decide to stop breastfeeding. Should a mother decide to speak about such feelings, both lay people and health care professionals may be shocked, may ridicule her, and may even report her to child protection services (Huggins & Ziedrich, 1994).

Ganem (1992) explicitly explains that some breastfeeding mothers exacerbate the potential for this experience if they cross their legs while they feed their babies. As a result, the labia minora may rub against each other, potentially leading to the stimulation of the clitoris. The mother could experience deep orgasm from clitoral stimulation and uterine contractions from oxytocin. Though Ganem has been very open about this issue, Newton presented the idea when she first wrote about the comparison between breastfeeding behavior and coital orgasm back in 1955.

Newton (1955, 1973) describes the parallel reactions between breastfeeding and coital orgasm: a) uterine contractions are present in both processes; b) nipple erection occurs during both suckling and sensual excitement; c) breast stroking and nipple stimulation occur during both breastfeeding and sexual foreplay; d) emotions aroused by both types of contact involve skin changes; e) milk let-down or the milk ejection reflex may be triggered during both, f) the emotions experienced during sexual arousal and the emotions experienced during uninhibited, unrestricted breastfeeding may be closely allied, and g) an accepting attitude toward sexuality may be related to an accepting attitude toward breastfeeding (Newton, 1973, pp. 82–83). Women need to be reassured that while pelvic sexual arousal is not a common response to breastfeeding, when these feelings occur they are normal.

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The Woman's Libido

What happens to a woman's libido during lactation? Three possibilities exist: a) She is more easily aroused sexually since she is more in tune with herself and her body; b) Sexual desire may be lessened due to frequent feedings and a disturbed sleep pattern, resulting in a state of fatigue; and c) There are variations of the libido, with periods of high and low arousal (Alder & Bancroft, 1988; Engel, 1990; Ganem, 1992; Hotchner, 1979). Overall, it appears that the frequency of sexual inter-

course is typically low during the first few months of breastfeeding (Visness & Kennedy, 1997).

The woman's libido may be tied in with the symbolism and meaning of breasts for her and her partner. For one woman, breastfeeding may be natural and part of her body. For another, it may be a clash between her biological function and the sexual connotation of her breasts. Some women do not enjoy breastfeeding because they do not like the physical sensation created by the baby sucking at the breasts. For others, it may provoke memories of abuse and incest. For certain women, this part of her body is "reserved" for the baby and is not to be shared, even with the partner. Yet other women experience sexual excitement for the first time when they are lactating (Price, 1990).

The woman's breasts can be a source of discomfort during lovemaking if they are overly full or leaking (Lauwers & Woessner, 1983). A towel can be used during lovemaking, and emptying the breasts beforehand can partially resolve the problem. If, during lactation, the breasts are not an erogenous zone, they can become one with time and patience if the couple so desires. The partner must not "attack" the breasts; rather, he can gently caress them by using the back or the palm of his hands. Women have reported to the author that if the partner simply cups the breasts with his hands and gently lifts or sways them, the soft movements may activate a sexual response. Once the woman enjoys having her breasts "cupped" by her partner, he can proceed to the nipples by gently caressing them. Women have also suggested that the nipples should not be rolled or pulled during the sexual encounter since this can cause discomfort or pain and even deactivate the anticipated sexual response. Some women have preferred delicate oral contact without sucking. This may be important to the women if they wish to re-establish this form of contact as it was before the birth. Some women report that, at least initially, oral contact with sucking was reserved for the baby, while oral contact without sucking was permitted for the partner. Once the woman felt more comfortable, her partner could proceed to sucking her breasts if he desired.

The Partner

The breastfeeding experience may be simultaneously physical, physiological, emotional, social, psychological,

Leaking breasts may be a sexual "turn-on" just as they may be a sexual "turn-off."

sexual, and sensual. The partner may feel jealous of his baby who is the center of the mother's attention (Walker, 1994). He may feel excluded from this relationship. Seeing how much the baby and the mother enjoy each other during breastfeeding may cause him to feel frustrated or inadequate (Rynerson & Lowdermilk, 1993).

For other men, seeing the mother-child dyad enjoying each other may be sexually exciting. Leaking breasts may be a sexual "turn-on" just as they may be a sexual "turn-off" (Wilkerson & Bing, 1988). Other men may feel that lactating breasts are not an erogenous zone and are to be avoided at all costs. The mother may agree or this area may be extremely erogenous for the woman. This asynchrony could cause a problem in the couple's sexual relationship. Some men "enjoy" the taste of human milk and need to be reassured that this enjoyment is normal. The partner should be aware that the flavor of human milk varies according to the woman's diet. Some men relish the spray from milk letdown on their bodies, and some couples use the milk to rub their bodies against each other, leading to sexual ecstasy. In summary, there are many responses or combinations of responses of a couple to the addition of lactation to their sexual life.

Gamble and Morse (1993) studied the impact of breastfeeding on fathers and reported that many fathers experience negative feelings but they manage to find a variety of ways to improve their situation and to support breastfeeding. "The conflict in some adult men over their role in regard to the nursing mother's breasts is usually a result of guilt or upbringing" (Lawrence, 1989, p. 463). In the United States, as in other parts of the Western world, breasts are "intrinsically sexual . . . women's breasts are defined primarily as sex objects, and as a focus of eroticism" (Dettwyler, Rodriguez-Garcia, & Frazier, 1995, p. 263).

These same authors continue by stating, "I am not suggesting that it is wrong or immoral to experience sexual pleasure from the breasts as a part of sexual behavior. I am insisting, however, that we recognize this as learned behavior, learned in a particular cultural con-

text" (p. 263). Breastfeeding is a natural biological process, and through perinatal education, men can learn to gradually change their attitude towards the symbolism of breasts and openly explore their role in the breastfeeding experience. Men can be encouraged to invest considerable emotional energy into nurturing their partners and their infants. They may find gratification in these activities, which may compensate for alterations in their sexual relationship with their lactating partner (May, 1987).

What can the father do? He might try being involved with the baby by bathing the baby, learning infant massage, changing diapers, burping, and/or taking care of domestic chores and any other children. Quietly and persistently, he should cuddle and hug the lactating mother. Words of love, gentle teasing, and gentle non-sexual caressing will surround his partner with a net of security, and increase her sense of importance, and worthiness to him. Displaying a sense of humor can also help reduce any tensions or conflicts that arise during this time of transition in their lives.

Because the birth of a child is a major change in the couple's relationship, the father should be aware that he needs to go back almost to the beginning and to re-woo and recourt her, always starting in a non-sexual way. He should make his presence felt both physically and psychologically. There is no greater and more potent sexual stimulus for a new mother than the constant, steady love and attention from her partner. She benefits from feeling that to him she is first a woman, then the mother of his child. In response, her words of encouragement, appreciation, and praise can be like sweet nectar for him. Beginning with this form of asexual support in the postpartum period can eventually help the couple to rediscover each other and re-establish their intimacy and its sexual expression.

Lovemaking Resumption Based on Sexuality for the 21st Century

Sexuality is being re-conceptualized as we enter the next millennium (Bloomfield, Vettese, & Kory, 1989; Pearsall, 1987; Wright, 1985). Paul Pearsall (1987) presented a fourth perspective about the nature and purpose of sex based on earlier perspectives of Ellis, Kinsey, and Masters and Johnson. (See Table 1.) His fourth perspective is called "Super Sex for the Twenty-First Century."

Pearsall's perspective is based on elective and long-

TABLE 1 Three Perspectives of Sexuality*

Author(s)	Perspective Description
Ellis	<ul style="list-style-type: none"> —A romanticist and a moralist —He attempted to free people from the fear of unnatural sex and fear of punishment and insensitive religiosity. —He replaced these fears with understanding of the basic humanness of sexual needs. —Ellisonian sex is described as a male-driven, female-responsive sex of intense and rapid sexual buildup in the male and slower, more generalized, somewhat less urgent response in the female. —Orgasm is the ultimate goal, but touching, particularly for women, is enjoyable if not necessary.
Kinsey	<ul style="list-style-type: none"> —In this perspective, people were starting to feel free to enjoy sex since contraception was starting to be more available. —People wanted to know if what they were doing was like everyone else. —The Kinsey sexual response model consisted of three phases: Buildup, orgasm, and after-effects of orgasm. —Women tended to be less responsive and slower to respond than men.
Masters and Johnson	<ul style="list-style-type: none"> —Energy buildup is divided into excitement and plateau, and energy is divided into orgasm and resolution. —This perspective contains a new feminism that seems to use the female cycle as a model or standard for the male response. —The major disadvantage of this perspective is that issues such as desire, interest, or satisfaction are not identified. —On the other hand, this model focuses on sex as a system, an interaction.

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term intimacy initializing from a reaction to fears such as AIDS and its health consequences. This fourth perspective is “a hope . . . based on the rules of new physics, of rules that govern all living systems . . . sex is not immoral, sex is natural, sexual problems can be solved, and prolonged and enduring intimacy is the most important of all health-maintenance systems” (p. 130). He has identified and then modified fourteen assumptions he says emerged from the first three perspectives and now fit his fourth perspective. From these assumptions, he proposes a ten-phase super sex response model. (See Tables 2 and 3.)

Contemplating Pearsall’s ten phases of sexuality can be beneficial for expectant and new parents as they cope with changes in their relationship. Perinatal educators can present these ten phases in their classes to help couples develop a broader perspective of sexuality before they integrate lactation and parenthood into their lives. In the experience of this author, couples report feeling reassured by Pearsall’s model. They state that the pressure to perform is lessened. They begin to accept that each sexual relationship is unique because its members are unique. Striking a balance between the demands of the parental role, responding to the needs of the newborn, establishing breastfeeding, and trying to maintain and/or re-establish sexual love is the dilemma facing new parents. A broadened perspective of sexuality such as

Pearsall’s may be vital in helping new parents make the necessary adjustments.

The Art of Lovemaking, Parenting, and Breastfeeding: A Challenge

New parents should expect that the changes in their sexual relationship will require time, beginning with the pregnancy and continuing for at least 12 to 24 months after the baby’s arrival (Bing & Colman, 1977). Lactation can further complicate the situation. Couples must rediscover each other, and the woman’s libido may require reawakening. Their sex repertoire will undergo changes that the couple should be able to anticipate. One example is the decrease of spontaneity (Beaulieu, 1996; Bing & Colman, 1977; Reamy & White, 1987; Smith, 1996).

The author of this article has proposed a four-step process in the reawakening of a new mother’s libido (Polomeno, 1996). (See Table 4.) Some couples may require only one sexual encounter before breezing through the four steps, while others may require 2 months.

In the first step, a context needs to be set up such as the couple going to a restaurant without the baby, seeing a film, or simply taking a walk together. Afterwards, a woman can experience the touch of her partner in a non-sexual way such as the couple taking their shower or

TABLE 2 Pearsall's Altered Assumptions Regarding Sexuality*

Assumption #1	Intercourse is the ultimate sexual act, and intercourse means insertion of the penis into the vagina.
Altered Pearsall Assumption	This is one option among many intimate choices. Intimacy should involve equally intense pleasure and sharing.
Assumption #2	Men are the inserters and women are the receivers in sexual intercourse.
Altered Pearsall Assumption	All sexual interaction is one of merging or doing with and together rather than doing to or for.
Assumption #3	Genital contractions are orgasms.
Altered Pearsall Assumption	Genital contractions following sexual stimulation are pleasurable reflexes. The total experience of physical, emotional, and cognitive merging with someone we love is called psychasm and may or may not be accompanied by genital or pelvic contractions.
Assumption #4	Orgasm is the measure of sexual fulfillment.
Altered Pearsall Assumption	The number of orgasms is related to the number of neuromuscular responses to genital stimulation. Sexual fulfillment is a more complex interpersonal process involving all levels of human responsiveness.
Assumption #5	Women have more trouble having orgasm than men.
Altered Pearsall Assumption	There is no evidence that pelvic reflex is gender related, but expectations can influence physiological responsiveness.
Assumption #6	Women respond sexually more slowly than men.
Altered Pearsall Assumption	Speed and time are not the key variables in sexual response, and mental, emotional, and cognitive factors are person related.
Assumption #7	Men have a refractory period and a period during which they must rest before continuing. Women can go on forever.
Altered Pearsall Assumption	All neurological responses are followed by some period of rest and are not gender related.
Assumption #8	Men are turned on erotically by a wider range of stimuli than women.
Altered Pearsall Assumption	The response to erotic stimuli is not gender related.
Assumption #9	Men cannot control their ejaculation for long periods of time. They must ejaculate to be complete.
Altered Pearsall Assumption	Ejaculation is a reflex, but it can be influenced through practice, awareness of body response, communication, and separation of ejaculation from the idea of release, completeness, or outlet.
Assumption #10	Intimate body contact is necessary for sex.
Altered Pearsall Assumption	Sexual communication can take place on many different levels.
Assumption #11	Variety in sex partners is one of the strongest of sexual aphrodisiacs.
Altered Pearsall Assumption	Sameness, familiarity, predictability, knowing, and comfort are more important to sexual intensity and fulfillment.
Assumption #12	Erection of the clitoris and penis is necessary for sex.
Altered Pearsall Assumption	There is no need of these for sexual fulfillment. Such erections are reflexive and not necessarily indicators of arousal.
Assumption #13	Sexual response is a cycle, one phase following and building upon the other, followed by a complete reversal of this cycle.
Altered Pearsall Assumption	Sexual response is a system. Changing back and forth to various phases of response and experience is possible.
Assumption #14	Sexual energy builds up and then must be released, followed by rest.
Altered Pearsall Assumption	The energy of sexual intimacy is as much mental and spiritual as it is physical. It can be maintained at a chosen level after sexual intimacy. In fact, sexual interaction may be invigorating.

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TABLE 3 Pearsall's Ten-Phase Super Sex Response Model*

Desire: This refers to the frequency of sexual interaction.
Interest: This is the thinking dimension of sex; it can take place in the total absence of genital response.
Arousal: This is the emotional component of sexual response, the emotional reaction to interest; it does not have to be accompanied by any genital change.
Readiness: This refers to the body's physiological response to interest and arousal and is an entire body response and reflex.
Excitement: This refers to the emotional and cognitive reaction to readiness.
Physiological Orgasm: This refers to the contractions in the pelvic area followed by a detumescence.
Psychological Orgasm: Pearsall contracts two words—*psychological* and *orgasm*—to form a new one called *psychasm*. It is the combination of genital stimulations and psychological experience through a shared body/mind experience.
Refraction Period: This is the rest period after orgasm occurring in both men and women and of varying duration. There are three types: post-orgasmic nap (PON), post-orgasmic rest (POR), and post-orgasmic sleep (POS).
"Afterglow": This is the old term for "resolution"; instead, some people experience enjoyment after a sexual encounter, a desire to share, to be with one partner and cuddle.
Contemplation: This is a very special time after the sexual encounter in that couples are quiet together, not necessarily talking, just enjoying being together.

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bath together. Soaping each other's bodies is an act of caring through touch. Hugging daily is essential. The couple should be encouraged to take time out every day for 10 minutes to lie together in their bed and simply hug. This is a gentle way to re-establish intimacy, as each partner supports the other and affection and contact are exchanged. No talking is recommended at this time. At the end of the 10 minutes, their conversation should be in relation to their bond and intimacy.

In the second step, the couple uses massage in a non-sexual way. The use of creams or oils may be soothing to the mother who had to deal with the baby all day. The other partner can reciprocate the massage. Sometimes, a

TABLE 4 Reawakening a Woman's Libido: A Four-Step Process

Step #1
Nonsexual context: Restaurant, cinema, walking together
Nonsexual touch: Taking a shower or a bath together
10 minutes of "Quiet Time"

Step #2
Nonsexual context continues with nonsexual massage aimed at nonsexual parts of body (exclude genital area and breasts). Relax and enjoy each other.

Step #3
Sexual context:
Use of erotic massage leading to sexual arousal (no vaginal penetration by penis)
Mutual caressing, oral-genital pleasuring, gentle erotic films, music, incense, feathers, oils, creams, vibrators, sex games, sexual fantasies
Sexual encounter needs to be planned. What is important is shared feeling of intimacy.

Step #4
Sexual context continues, leading to sexual intercourse
Use of perineal massage to test vagina for intercourse readiness and to allay any fears regarding sexual resumption

certain part of the body such as the back, the head, or the feet may be targeted. Generally, the couple avoidsthe erogenous zones, namely the genital area and the breasts. The goal of this step is to relax and to enjoy each other's bodies.

When the couple is ready for the third step, they may wish to integrate erotic massage. All parts of the body are deeply massaged, but sexual intercourse is not the goal. The couple is encouraged to be creative and to use their hands and fingers, hair, tongues, mutual caressing, oral-genital pleasuring, feathers, special oils and creams, romantic music, fantasies, mechanical devices, and/or whatever makes them comfortable (Beaulieu, 1996). This level of intimacy needs to be carefully planned, such as making sure the baby is really asleep and the telephone is tended by an answering machine or unhooked. Time and patience are very important during this step, but communication is even more critical (Bing & Coleman, 1977). One partner can tell the other what feels good, to speed up the massage or to slow it down, or to be more gentle or harder in the pressure. The pleasure one partner gives the other is important, but what is even more important is the shared feeling of being intimate, of being together. Babies appear to sense when their

parents have been intimate and are more calm, basking in their parents' contentment and afterglow of the sexual encounter (Beaulieu, 1996; Polomeno, 1996).

In the last step, sexual intercourse is encouraged. The mother may fear the initial pain of her partner's entering her vagina, especially if she had a difficult vaginal birth (Reamy & White, 1987). The father may share a similar fear. He wants to make love but is afraid to hurt her.

The couple can use the technique of perineal massage to assuage these fears (Polomeno, 1996). In the postpartum period, the woman first does gentle perineal massage and then uses her thumb to test the vagina. If the vagina can tolerate pressure from the thumb, it is "ready" to receive the partner. If not, she can use perineal massage for a few days to desensitize the vagina and gently condition it to thumb pressure. Once this is attained, she can give "the green light" to her partner. He can be invited to continue the perineal massage himself and to ascertain that the vagina will be able to receive him.

Perinatal Education, Sex, and Breastfeeding

Perinatal educators can use their classes to present the changes in sexuality and breastfeeding in order to help pregnant couples anticipate these changes. The couples may develop an attitude that these changes are temporary, that life eventually will get back to normal (Leonard & Paul, 1996). They may even develop confidence in themselves as they cross this sensitive period in their relationship. Perinatal education classes permit couples to explore the fears associated with these changes, to be supported in their endeavors, and adapt successfully to the transition.

A list of questions regarding the assessment of the relationship between sex and breastfeeding is presented in Table 5. The educator can select appropriate questions from this list to be used postnatally. Selected questions from the list can be used in an open format either individually or in a large group context or written down in a questionnaire. The objective is to broach the subject in a neutral way, thus permitting couples to feel comfortable with the subject matter.

With practice perinatal educators can increase their own comfort in discussing the topic. They may add other interesting content to the discussion such as the identi-

TABLE 5 The Assessment of Sex and Breastfeeding

Decision to Breastfeed:

When was the decision made to breastfeed the baby?
What were the reasons motivating this form of feeding?
What were her initial expectations for the breastfeeding experience?
How did she feel about the changes in her breasts during pregnancy? Other body changes?
How did she anticipate integrating her roles of breastfeeding mother and lover?

Initial Breastfeeding:

When did she first breastfeed her baby?
How was this experience?
What problems did she encounter, and if she did encounter some, how were they resolved?
What feelings were evoked during this initial time?
How did the reality of the experience meet her original expectations for breastfeeding?

Continued Breastfeeding:

How long does she anticipate breastfeeding?
What factors will help her continue breastfeeding?
What problems has she encountered so far, and how has she resolved them?
When did she decide to wean her baby?
Why did she wean her baby?
How long did it take to wean the baby?

Sex and Breastfeeding:

What is the nature of her relationship with her partner?
When did she first make love with her partner after the birth of the baby?
How was this experience?
How did this experience meet her original expectations?
How is lovemaking while breastfeeding different or the same as lovemaking before being pregnant?
Were there any bodily changes during lovemaking such as lack of vaginal lubrication and leaking breasts during orgasm? Any other body changes?
When did she start to feel the desire to make love with her partner after the birth of the baby?
When does she feel her libido came back after the birth of the baby?
What is her frequency for making love at the present time?
Who usually initiates lovemaking? How is this done?
How does she feel when she breastfeeds her baby? What feelings are evoked before, during, and after the breastfeeding encounter?
Is there any sexual excitement or stimulation on her part? How is this manifested?
Which reactions from her baby has she noticed while breastfeeding? What was the impact of weaning on her libido?
Sexual frequency?

(continued)

TABLE 5 continued

The Partner, Breastfeeding, and Sex:

How did he originally feel when the decision was made to breastfeed the baby?
 What were his reasons for wanting his baby to be breastfed?
 How did he see his role as the father of the breastfed baby?
 How did his expectations for the experience meet the reality?
 How does he feel when he sees his baby being breastfed?
 What is the nature of his relationship with his partner?
 When did they first make love after the birth of the baby?
 Who initiated this encounter? How would he describe it?
 What changes has he noticed in his partner's body while she has been breastfeeding? Changes during lovemaking?
 How does he feel about his partner's breasts? Has he touched them? When? How did he feel about this?
 Has he tried to suck his partner's breasts? How was the experience? How would he describe human milk?
 Has he tried to be creative with lovemaking and breastfeeding? If so, how? What did he do that was different or the same?
 What has been the impact of weaning on his partner's libido?
 What has (have) been his reaction(s)/feeling(s) to the weaning process?
 What is the frequency of lovemaking at the present time?
 Has he noticed any changes in his baby while he/she is being breastfed?

Conjugal Relationship:

How does the couple feel about the changes in their relationship since the arrival of their baby?
 How has breastfeeding changed their relationship?
 How has the couple's sexuality been affected by breastfeeding?
 How has the relationship and intimacy been affected since the weaning of the baby?

cation of erogenous zones and how to include them in the sex repertoire.

Conclusion

In addition to maintaining all the relationships that hold the family together, a couple must also be able to embrace both their nurturing love for their child and their sexual love for each other (Bing & Colman, 1977). Lactation has ramifications that must be integrated into the couple's lovemaking. Some couples make this adjustment with ease, while others may require months or even years to work it out. Couples should be encouraged to remember to express their love for each other while taking care of a baby since the couple's bond is the basis of family love and family intimacy. "Parenthood makes a shared life more complicated, but it also comes with the potential to make life together more meaningful as lovemaking goes beyond caring for each other and

spreads out to embrace the family unit" (Bing & Colman, 1977, p. 159).

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Post-Test Questions

- Which of the following statements is TRUE regarding breastfeeding and postpartum adjustment?
 - The uterus of the breastfeeding mother who had a vaginal birth returns faster to its original size when compared to that of a woman who had a Cesarean birth.
 - Ovulation is always suppressed during breastfeeding.
 - A multipara has fewer after pains if she is breastfeeding when compared to a primipara who is not breastfeeding.
 - The uterus of the lactating mother contracts because of the presence of oxytocin.
 - Which of the following patterns best explains prolactin production?
 - low in the early postpartum period, increases at 2 weeks, and then levels off
 - high in the early postpartum period, drops at 2 or 4 weeks, and then increases
 - low in the early postpartum period and then gradually increases
 - high in the early postpartum period and then gradually decreases.
 - What is the psychological impact of oxytocin?
 - It induces maternal behavior.
 - A lactating mother experiences psychological tension.
 - It calms the state of psychological tension experienced by the lactating mother.
 - She has an urge or need to feel, see, and hold her baby.
 - A part-time lactating mother may find that her needs for affection are met through breastfeeding.
 - True
 - False
 - Which of the following are possible consequences of breastfeeding?
 - A lactating woman has a great need for affection from her partner.
 - There is an increase of vaginal lubrication during sexual excitement.
 - The milk ejection reflex may be stimulated during orgasm.
 - Using an oil-based lubricating gel facilitates sexual intercourse.
 - A lactating mother may become sexually aroused during breastfeeding. This is a normal phenomenon. However, she may feel guilty and stop breastfeeding.
 - True
 - False
- Newton describes the parallel reactions between breastfeeding and coital orgasm. Which of the following are True and which are False?
- Uterine contractions are absent in both processes. T F
 - Nipple erection is present. T F
 - Breast stroking and nipple stimulation occur in both. T F
 - Emotions do not induce skin changes during contact. T F
 - An accepting attitude towards sexuality appears to be related to an accepting attitude toward breastfeeding. T F

Sex and Breastfeeding: An Educational Perspective

12. Which of the following statements are TRUE regarding a woman's libido?
 - a. There is no relationship between a woman's libido and symbolism and meaning of breasts for her and her partner.
 - b. Fatigue may increase a lactating woman's libido.
 - c. For lactating breasts to become an erogenous zone, the nipples should be rolled or pulled during the sexual encounter.
 - d. The breast can become an erogenous zone with time and patience.
 13. The partner may experience various emotions in relation to breastfeeding and to his relationships with both the mother and the baby. He may find a variety of ways to improve his situation and to support breastfeeding. Which of the following strategies would be *most helpful* to improve the male partner's situation?
 - a. He should be involved with the baby and baby care.
 - b. He should concentrate on the erotic aspect of his partner's breasts.
 - c. He should try to approach his partner in a sexual way to surround her with a net of security.
 - d. He needs to have an attitude that he continues with his relationship with her as if no changes have occurred.
 14. Which of the following statements *best* summarizes Paul Pearsall's perspective regarding sexuality for the next century?
 - a. Sexual intercourse and orgasm are the ultimate goals of the sexual encounter.
 - b. The Masters and Johnson model of sexuality includes the issues of sexual desire, sexual interest, and sexual satisfaction.
 - c. Men must ejaculate to be complete after the sexual encounter.
 - d. All sexual interaction, including sexual communication, is one of merging or doing with and together rather than doing to or for.
 15. Contemplating Pearsall's 10 phases of sexuality can be beneficial for expectant and new parents as they cope with changes in their relationship.
 - a. True
 - b. False
 16. Expectant and new parents feel that the pressure to perform sexually is increased using Pearsall's perspective of sexuality.
 - a. True
 - b. False
 17. When should new parents expect changes in their sexual relationship to occur? Choose the *best* answer.
 - a. Immediately after the birth of the baby.
 - b. Starting at the end of pregnancy and continuing 2 months after the birth.
 - c. Beginning with the pregnancy and continuing for at least 12 to 24 months after the baby's arrival.
 - d. Twelve months after the birth of the baby.
 18. A four-step process is proposed in the reawakening of the new mother's libido. Place the following statements in the *correct order* reflecting the four-step process.
 - a. A new father should approach the new mother in a sexual way.
 - b. Soaping each other's bodies, followed by quiet time for 10 minutes every day, is a good way to reactivate the woman's libido.
 - c. Erotic massage of all body parts, excluding sexual intercourse, is suggested.
 - d. Non-sexual massage using cream or oils can help soothe the stresses of new parenthood.
 - e. Perineal massage should be used to test the vagina before attempting sexual intercourse.
- Choose the correct order:
- I. a,d,b,e
 - II. b,d,c,e
 - III. a,b,d,e
 - V. d,e,c,a
19. What is the impact of information regarding sex and breastfeeding on expectant parents within perinatal education classes?
 - a. The expectant parents will feel that these changes are permanent and that life will never be the same.
 - b. They will develop confidence in themselves as they anticipate the associated changes.
 - c. Their fears will increase after exploration of these issues.
 - d. The expectant couples will feel uncomfortable when the subject of sex and breastfeeding is broached.
20. Which question in the following list can be used to assess sex and breastfeeding from the perspective of the *partner*? (Please refer to Table 5.)
 - a. "What problems did she encounter, and if she did encounter some, how were they resolved?"
 - b. "When did she first make love with her partner after the birth of the baby?"
 - c. "What changes has he noticed in his partner's body while she has been breastfeeding?"
 - d. "How has the couple's sexuality been affected by breastfeeding?"

ENROLLMENT FORM

Sex and Breastfeeding: An Update

Name	Professional Credentials
Address	
City/ State or Province/ Zip or Postal Code	
Daytime Phone	
State(s) Where Licensed [if applicable]	Lic.#
Position/Title	

Please send your answer sheet and payment to Lamaze International, 1200 19th St. NW, #300, Washington, DC 20036.

To assist Lamaze International with program planning and evaluation, please provide the following information:

Gender ____ Female ____ Male	Professional Background ____ Nurse ____ Nurse Midwife ____ Physical Therapist ____ Occupational Therapist ____ Physician ____ Psychologist ____ Social Worker ____ Educator ____ Other specify: _____
Race or ethnic origin ____ White/non-Hispanic ____ Hispanic ____ African American/Black ____ Asian or Pacific Islander ____ American Indian or Alaskan Native ____ Other or unknown	Reside in ____ Metropolitan area (1 million +) ____ Urban area (50,000 or more) ____ Suburban/small town (2,500 +) ____ Rural (fewer than 2,500)
Highest Level of Education Completed ____ Less than high school diploma ____ High school diploma (includes GED) ____ Some college ____ Associate Arts/Science degree ____ Bachelor's degree ____ Master's degree ____ Doctoral degree ____ Other professional degree specify: _____	Which of the following vulnerable populations do you work with on a routine basis? (Check any that apply.) ____ People of color ____ Non-English speaking ____ Clinic/WIC population ____ Visual or hearing impaired ____ Adolescent ____ Other specify: _____
Lamaze Childbirth Educator Certification ____ Certified currently ____ Certified formerly ____ Never certified	

How long did it take you to complete this CE Module in hours and minutes? (Estimate if necessary.)

____ Hours
____ Minutes

Evaluation

- The information contained in this continuing education program was
 - new to me.
 - a review for me.
 - both new and a review for me.
- The material was presented clearly.
 - Definitely yes
 - Yes
 - No
 - Definitely no
- The material was covered adequately.
 - Definitely yes
 - Yes
 - No
 - Definitely no
- Overall, I would rate this continuing education program as
 - excellent.
 - good.
 - fair.
 - poor.

ANSWER SHEET

Post-Test

Directions: Darken the circle above the letter signifying the correct answer to each question.

- | | | | | |
|-----|---|----|-----|----|
| 1. | 0 | 0 | 0 | 0 |
| | a | b | c | d |
| 2. | 0 | 0 | 0 | 0 |
| | a | b | c | d |
| 3. | 0 | 0 | 0 | 0 |
| | a | b | c | d |
| 4. | 0 | 0 | | |
| | T | F | | |
| 5. | 0 | 0 | 0 | 0 |
| | a | b | c | d |
| 6. | 0 | 0 | | |
| | T | F | | |
| 7. | 0 | 0 | | |
| | T | F | | |
| 8. | 0 | 0 | | |
| | T | F | | |
| 9. | 0 | 0 | | |
| | T | F | | |
| 10. | 0 | 0 | | |
| | T | F | | |
| 11. | 0 | 0 | | |
| | T | F | | |
| 12. | 0 | 0 | 0 | 0 |
| | a | b | c | d |
| 13. | 0 | 0 | 0 | 0 |
| | a | b | c | d |
| 14. | 0 | 0 | 0 | 0 |
| | a | b | c | d |
| 15. | 0 | 0 | | |
| | T | F | | |
| 16. | 0 | 0 | | |
| | T | F | | |
| 17. | 0 | 0 | 0 | 0 |
| | a | b | c | d |
| 18. | 0 | 0 | 0 | 0 |
| | I | II | III | IV |
| 19. | 0 | 0 | 0 | 0 |
| | a | b | c | d |
| 20. | 0 | 0 | 0 | 0 |
| | a | b | c | d |

Evaluation

Directions: Darken the circle under the letter signifying the correct answer to each question.

- | | | | | |
|----|---|---|---|---|
| | A | B | C | D |
| 1. | 0 | 0 | 0 | 0 |
| 2. | 0 | 0 | 0 | 0 |
| 3. | 0 | 0 | 0 | 0 |
| 4. | 0 | 0 | 0 | 0 |